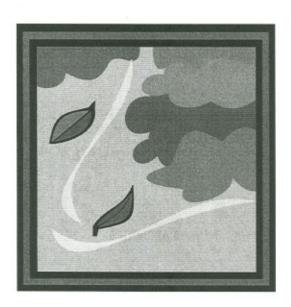


# **Wind Storm Package**



United States Air Force Academy Claims Office 8034 Edgerton Drive, Ste 237; USAF Academy CO 80840 Commercial (719) 333-3645 Fax (719) 333-3011



#### DEPARTMENT OF THE AIR FORCE HEADQUARTERS UNITED STATES AIR FORCE ACADEMY USAF ACADEMY, COLORADO

7 November 2005

#### MEMORANDUM FOR POTENTIAL CLAIMANTS

FROM: HQ USAFA/JAD

8034 Edgerton Drive, Suite 237 USAF Academy, Colorado 80840

SUBJECT: Filing a Claim for Property Damage Caused by Wind Storm

- 1. On 3 November 2005, the United States Air Force Academy was hit by a severe wind storm that resulted in wind speeds of greater than 80 mph. Due to the extreme nature of the winds, the event has been declared an unusual occurrence, outside the normal day-to-day risks of duty on the installation.
- 2. Pursuant to the Military Personnel and Civilian Employees' Claims Act (MPCECA), military personnel and civilian employees of the United States Government may file a claim against the United States for damage to personal property that occurred at quarters or other authorized places on the Academy as a result of the wind storm. Authorized places include duty locations on the installation as well as duty locations at the Oracle building.
- 3. The enclosed package is designed to assist you in the preparation and filling of your claim. It is crucial to understand that it is your responsibility to prepare the claim and obtain and compile all supporting documentation. This package will provide you the necessary guidance to do so.
- 4. All claims for this incident must be filed within two years of the date of the incident. Therefore, timely action on this matter is recommended.
- 5. If you have any questions or concerns related to wind storm claims, please do not hesitate to call the United States Air Force Academy Claims Office at (719) 333-3645.

KATIE L. SMITH, Captain, USAF

Claims Officer

#### When to File Your Claim

- You must file your claim within two (2) years from the date of the incident giving rise to your claim
  - To recover for property damage caused by the windstorm of 3 Nov 2005, you must file your claim no later than 3 Nov 2007
- o We recommend you file your claim at your earliest convenience

#### ➤ How to File Your Claim

- o Local Area: Claims are accepted by appointment only
  - · Appointments for this type of claim only are offered on Fridays
  - Special walk-in sessions will be available initially please call the Claims Office for further information on these sessions
- Outside Local Area: mail your claims to HQ USAFA/JAD 8034 Edgerton Drive, Suite 237 USAF Academy, CO 80840

#### Required Steps BEFORE You File Your Claim

- File a claim with your insurance company
  - This is required before a claim may be filed
  - If you have liability only insurance, please contact this office for guidance
- Submit an inspection report to a repair firm for completion

## > Required Documentation (copies only please)

- Title/Registration (covering 3 Nov 05)
- Certificate of Insurance (covering 3 Nov 05)
- Inspection Report (Atch A)
- Estimate of Repair
- o Memorandum/Statement of locality (Atch B)
- DD Form 1842 (Atch C)
- o DD Form 1844 (Atch D)
- Power of Attorney/Statement of Authority (if filing on another's behalf)
  - Note: Only the military member/employee may file. If the spouse intends to file on the military member's behalf, an authorization is required
  - See example authorization (Atch E)

#### > Instructions for Completion

- Inspection Report (sample Atch A)
  - This document is requested by the Claims Office for purposes of documenting the damage to your vehicle
  - Submit the document to the repair firm for annotation of damage
  - Alternate: the Claims Office can perform this inspection prior to repair

#### Memorandum/Statement of Locality (sample Atch B)

- A statement from the claimant as to where the vehicle was located at the time the damage occurred is required
- A sample Memorandum is attached

#### o DD Form 1842 (sample Atch C)

- Complete Blocks 1-15
  - <u>Block 9</u>: The amount claimed is the total amount of the repair estimate
  - Sample Block 10: On 3 November 2005 at approximately [0715 hours] I parked by [2004 Chevy Tahoe] outside [building 8034] at the United States Air Force Academy. When I returned to my vehicle at approximately [1700 hours] that same day, I noticed [my windshield had numerous surface pits] likely caused from dirt and rock blown against my vehicle by the high winds. I filed a claim for property damage with my insurance company [USAA] on [10 Nov 05]. I obtained an estimate of repair for my vehicle in the amount of [\$1500]. I paid my [\$500] deductible out of pocket and my insurance company assumed the remainder of the repair costs.
- Block 17, Signature please do <u>not</u> sign this form until you file the claim with the Claims Office

### o DD Form 1844 (sample Atch D - complete only the following blocks)

- Block 1: Name of Claimant
- Block 2: Name and Policy number of Insurance Carrier
- Block 3: Date of Incident
- Block 4: Leave blank
- Block 5-11: see sample
- Block 13: Total Amount Claimed

<sup>\*</sup> Blank Forms are located at the back of this package

SAMPLE

## Vehicle Inspection Report

Name of Owner: Nohn Doe

Rank: SSgt

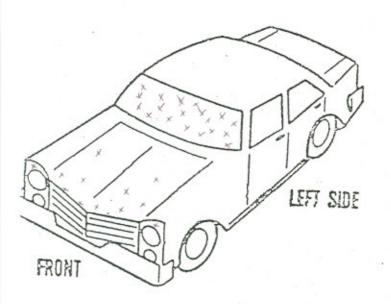
Date of Inspection: \_// Nov 05 Date of Incident: 3 Nov 05

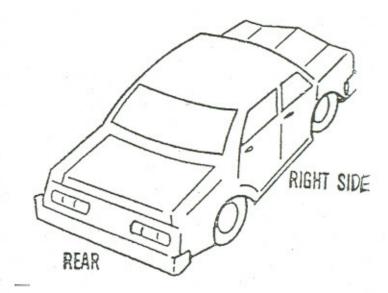
Contact Number: 333-3333 (w)

Vehicle Information:

Model: Tahoe Year: 2004 Make: Chevy

Color: Red VIN: XXXXXXXXXXXX





Inspection Results:

Pitted Windshield Paint Chip to hood

Was damage likely caused by high winds? Yes X No

Examiner Signature:

Printed Name: Mechanic Mike

Company Name: Repairs - R-US

## SAMPLE Memorandum of Locality

XX November 2005

#### MEMORANDUM FOR CLAIMS OFFICE

FROM: Claimant - SSgt John Doe

SUBJECT: Statement of Locality

- On 3 November 2005 at approximately 0715 hours I parked my 2005 Chevy Tahoe outside building 8034 at the United States Air Force Academy. My vehicle was parked outside building 8034 for the majority of the day. However, I did operate my vehicle off the installation between the hours of 1100-1200.
- When I returned to my vehicle at approximately 1700 hours that same day, I noticed my windshield was pitted and there were minor paint chips to the hood of my vehicle.
- 3. The damage to my vehicle described above was not a preexisting condition of my vehicle prior to 3 November 2005. It is my belief these damages were caused by the wind on that day.

JOHN S. DOE, SSgt, USAF Claimant



PART I - TO BE COMPLETED	100	ONAL PROPER				
	BY CLAIMANT (See	e back for Privacy A	ct Statement ar	4. SOCIAL SECURITY	V 311 13.51	DED
NAME OF CLAIMANT (Last, First, Middle Initial)	7523175	F SERVICE 3. RAN		4. SOCIAL SECORIT		DEN
oe, John S.	Air For		SSgt	RESS (If applicable) (Stre		
. HOME ADDRESS (Street, City, State and Zip Code)	6	State and Zip Code		RESS (If applicable) (Stre	net, City,	,
55 Peabody Lane	8			SAF Academy, CO 80	0840	
olorado Springs, CO 80819	ľ	054 Eugerion 211	, oto 20 . , o .	, , , , , , , , , , , , , , , , , , , ,		
LIONE TELEPHONE NO Visited and code	I O DUTY TELE	PHONE NO. (Include	area codel	9. AMOUNT CLAIME	D	
7. HOME TELEPHONE NO. (Include area code) 719-555-555	8. DOTT TELE	719-333-3333	area coucy	\$1500.00		
O. CIRCUMSTANCES OF LOSS OR DAMAGE (Expla	ain in detail Include date	1 42 000 0000	nt facts. Use add	itional sheets if necessary	.)	
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DID YOU HAVE PRIVATE INSURANCE COVERII     had transit, renter's or homeowner's insurance;	NG YOUR PROPERTY ; say "Yes" on a vehic	? (E.g., say "Yes" o	on a shipment o vehicle insuranc	r quarters claim if you e. Attach a copy of	YES	N
your policy.)  2. HAVE YOU MADE A CLAIM AGAINST YOUR P have insurance covering your loss, you must su					×	
HAS A CARRIER OR WAREHOUSE FIRM INVOL     a copy of your correspondence with the carrier	LVED PAID YOU OR R			The second secon		,
14. DID ANY OF THE CLAIMED ITEMS BELONG TO FAMILY MEMBER? (If "Yes," indicate this on y	THE GOVERNMENT	OR TO SOMEONE of and Claims Analysis	OTHER THAN Y	OU OR YOUR		,
<ol> <li>WERE ANY OF THE CLAIMED ITEMS ACQUIRE OR BUSINESS? (If "Yes," indicate this on your</li> </ol>	D OR HELD FOR SAL	E, OR ACQUIRED O	R USED IN A PI	RIVATE PROFESSION		1
16. UNDER PENALTY OF LAW, I DECLARE THE FO	e recovered, I will not			r shinment claims.) M		tam
checked all rooms in my dwelling to make sure noting assign to the United States any right or interest the state of the United States and right or interest authorize my insurance company to release information and authorize the United States to withhold from the extent I am paid on this claim, and for any payruntrue. I have not made any other claim against the information I provide as part of my claim is false, I	hing was left behind. st I have against a car ation concerning my in my pay or accounts for ment made on this cla be United States for th can be prosecuted.	delivered at destinat rrier, insurer, or othe nsurance coverage, or any payments ma aim in reliance on inf	ion; after my pro- er person for the ade to me by a control of the	operty was packed, I/m incident for which I ar carrier, insurer, or other is determined to be in- I understand that if ar	ny agen m claim r persor correct ny	ning; n to or
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Aich C

SAMPLE

NAME OF CLAIMANT (Last, First, Middle Initial)  Doe, John S.				CK-UP DATE YYYMMOO) 0051103	LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)								
. CLAI	IMANT'S INSURANCE COMPANY (If applic	b. POLICY NO.	4. DE		14. ORIGIN CONTRACTOR	17. 2ND CO	ONTRACTOR	21. CLAIM	NUMBER	22. 1	IET WT/MA	X CAR	
JSAA . 6.	7. LOST OR DAMAGED ITEMS	XXX05XX 8. and name, INV	9. ORIGINAL COST	11. AMOUNT CLAIMED a. Repair (or) Cost b.	15. INVENTORY DATE (YYYYMMDD)	18. EXCEPT	TION SHEET (YYYYMMOD)	23. GBL N	UMBER	24. LOT NUMBER			
INE QT	(Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")		10. MM/YYYY PURCHASED	Replace- ment	16. EXCEPTIONS	19. 20. INV NO.	EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR REMARKS	S ITEM WT	28. HOUSE LIABILITY	29. CARRIE LIABILIT	
1 1	2005 Red Chevy Tahoe, 4 door VIN: xxxxxxxxxxxxxxxxx Damage: severely pitted windsl paint chips to hood	000000	06/2004	1500.00						1			
1													
_													
-										-			
-													
12. RE	MARKS		13. TOTAL	\$ 1500.00			30. TOTAL AMOUNT ALLOWED	\$	P	THIRD ARTY IABILITY	\$	\$	

## SAMPLE Statement of Authority to File Claim

XX November 2005

#### MEMORANDUM FOR CLAIMS OFFICE

FROM: Claimant - SSgt John Doe

SUBJECT: Authorization to File Claim

- 1. I, SSgt John Doe, am the titled owner (joint owner) of a 2004 Chevy Tahoe that was damaged in a windstorm at the United States Air Force Academy on 3 Nov 2005.
- 2. I authorize my friend, TSgt Joe Fawn, to file a claim against the United States Government, on my behalf.

JOHN S. DOE, SSgt, USAF Claimant

\*\*Cadets operating a vehicle owned by another party are required to obtain a similar authorization annotating authority to operate that vehicle

## Vehicle Inspection Report

	Name of Owner:		Rank:	1	
	Date of Inspection:		Date of Incident:_		
	Contact Number:				
	Vehicle Information:				
	Make:	Model:	Year	r:	
	Color:	VIN:			
FRONT		FT SIDE	REAR		RIGHT SIDE
	Inspection Results:		147		
	Was damage likely caused by h		Yes	No	
	Examiner Signature:				
	Printed Name:			-	

Company Name:

CLAIM	FOR LOSS OF OR DAMA	AGE TO PER	RSONAL PI	ROPERTY INCID	ENT TO SERV	ICE		
PART	I - TO BE COMPLETED BY	CLAIMANT (S	See back for F	Privacy Act Stateme	nt and Instruction	s.)		
1. NAME OF CLAIMANT		2. BRANCH	OF SERVICE	3. RANK OR GRAI	DE 4. SOCIAL	SECURITY	NUM	BER
5. HOME ADDRESS (Stre	et, City, State and Zip Code)			Zip Code)	ADDRESS (If appli	cable) (Stree	t, City,	
7. HOME TELEPHONE N	O. (Include area code)	8. DUTY TE	LEPHONE NO	. (Include area code)	9. AMOUN	T CLAIMED	)	
10. CIRCUMSTANCES OF	LOSS OR DAMAGE (Explain in	detail. Include d	late, place, and	all relevant facts. Use	additional sheets in	f necessary.)		
had transit, renter's o your policy.)	ATE INSURANCE COVERING Y r homeowner's insurance; say	"Yes" on a vei	hicle claim if	you had vehicle insu	rance. Attach a d	copy of	YES	NO
have insurance coveri	CLAIM AGAINST YOUR PRIVA ing your loss, you must submit WAREHOUSE FIRM INVOLVED	a demand bef	ore you subm	it a claim against the	e Government.)			
a copy of your corres	pondence with the carrier or w	arehouse firm.	)		acceptable on the control			
FAMILY MEMBER? (/	AIMED ITEMS BELONG TO THE If "Yes," indicate this on your	"List of Propert	y and Claims	Analysis Chart," DL	Form 1844.)			
	LAIMED ITEMS ACQUIRED OF les," indicate this on your "List					ESSION		
If any missing items f were packed by the carrie checked all rooms in my of I assign to the United authorize my insurance of I authorize the United the extent I am paid on the untrue. I have not made a information I provide as p	LAW, I DECLARE THE FOLLOW or which I am claiming are reco- in; they were owned prior to sha dwelling to make sure nothing was States any right or interest I has ompany to release information of States to withhold from my parties claim, and for any payment any other claim against the Uni- art of my claim is false, I can be	overed, I will no hipment but no was left behind ave against a c concerning my ay or accounts made on this o ited States for	otify the office t delivered at it. arrier, insurer insurance co for any paym claim in relian	te paying this claim. destination; after my , or other person for verage. nents made to me by ce on information wi	y property was part the incident for variety in a carrier, insurer hich is determined	which I am r, or other p d to be inco	claimi cerson	ng; I to
17. SIGNATURE OF CLAI	MANT (or designated agent)					18. DATE	E SIGN	
	PART II - CLAIMS	S APPROVAL	(To be comp	leted by Claims Offi	ce)			
a. SMALL CLAIMS b. REGULAR CLAIMS	<ol> <li>AMOUNT AWARDED. The claimant is a proper of been verified in accordant departmental regulation;</li> </ol>	laimant; the pr ce with applica	operty is reas	onable and useful; t es as prescribed by t	he loss has	\$		
21. SIGNATURES (Signatu	res at a and c not required if small	claims procedure	e is utilized)	<u> </u>				
a. CLAIMS EXAMINER	b. DATE	SIGNED YMMDD)	c. REVIEWING	AUTHORITY		d. DATE S		
e. TYPED NAME AND GRAI	DE OF APPROVING AUTHORITY		f. SIGNATURE	OF APPROVING AUTH	HORITY	g. DATE S		

1. NAME OF CLAIMANT (Last, First, Middle Initial)  3. PICK-UP DATE (YYYMMOD)					LIST OF PROPERTY AND CEANING ANALYSIS CHART										
						HILLIAN DATE	(Items 14 through 31 to be filled out by Claims Office)								
2. CLAIMANT'S INSURANCE COMPANY (If applicable)					4. D	YYYMMDD)	14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR		
a. N	NAME		b. POLICY	NO.											
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5.	6.	7. LOST OR DAMAGED ITEMS		8.	COST	11. AMOUNT CLAIMED a. Repair (or)	(YYYYMMDD)		18. EXCEPTION SHEET DATE (YYYYMMOD)		23. GBL NUMBER		24. LOT NUMBER		
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